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Birth story interviews

On the assumptions hidden in our research methods

— Molly Fitzpatrick

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Arie and I are sitting on the front step of her *kost* (rented room). Inside, her three-month-old son Putra is sleeping on the double mattress that fills the entire room. When I ask her to share her birth story with me, she starts at the moment when she had her first contraction, one day before the birth:

I went to the clinic, but the midwife said I was not yet dilated, so I went back home. The next day around 9 p.m., I felt contractions again and went back to the midwife, but she said again that I was still not dilated. At around 12 p.m., I returned to the clinic and now my dilation was at 3 cm. I decided to stay

there. At 4:12 a.m., I started to give birth and 4:32 a.m. he was already born.

Arie gave birth to Putra at one of the two so-called gentle birth clinics in Bali, Indonesia, where I conducted research for my PhD. 'Gentle birth' is the Indonesian incarnation of the natural birth movement. Originating in North America and Europe in the 1960s, this movement questions the medicalization of birth and promotes unmedicated, vaginal birth without interventions (Daviss 2001, 70). Proponents of natural birth have often looked to the developing world for approaches to birth that are more 'authentic', 'traditional', and 'close to nature' (Macdonald 2007, 56). At the same time, they see the medicalization of birth in low-income countries as a cause for much concern. The gentle birth clinics in Bali have been set up by foreign midwives who hope to stanch the medicalization of birth; they offer low-cost services to locals and set higher rates for foreigners.

Many local women, like Arie, visit the clinics because they are so affordable, even though most of them have never actually heard of 'gentle birth'. There are also a growing number of other clinic-goers who come specifically because they want a 'gentle birth', including Indonesians from other islands, foreigners, and the occasional Balinese. Intrigued by the disparate motivations of these women, I was curious to see if this translated into different expectations and experiences of birth. I initially intended to conduct in-depth birth story interviews with new mothers as one of my main research methods. This is an often-used research method in the anthropology of childbirth (see Davis-Floyd 2003; van Hollen 2003; Callister and Vega 1998), and is generally understood as producing crucial insights into the experiences of birthing women (Kay et al. 2017; Savage 2001; Carolan 2006).

The first few birth story interviews I did, however, resulted in rather short and clinical answers similar to what Arie offered above. The key points in Arie's story are her cervical dilation (or lack thereof), as well as the exact time she started to push (4:12 a.m.) and when the baby was born (4:32 a.m.). She recounted what the midwife told her, rather than her own physical or emotional experiences of birth. My next few interviews with local women yielded very similar results.

Then I interviewed Mina, a photographer from Jakarta. Mina and her husband had travelled to Bali for the birth of their first child, and I interviewed her by the pool of their rented villa. After asking her to share her birth story, she launched into an hour-long monologue. Using a very descriptive style, Mina said things like:

The water breaking felt like I turned on a tap: the water just kept on coming. I went to the toilet and I just sat there as all the water flowed out of me. ...

I tried [to push] again and then I could feel it. All I had to do is jump-start the push and then the contraction just took over; the contraction sort of

multiplied the push.

Mina had heard about the clinic through social media, and was one of the women who visited the clinic specifically for the gentle birth approach. In these women's birth stories, there was a lot of emphasis on the preparation, documentation, and details of their births. It was striking that they almost all used metaphors to translate their physical experiences to others. For example, they compared contractions to tight, painful pinches of their belly, their water breaking to the popping of a balloon, and crowning to a 'spicy' feeling (*merasa pedas*) on their perineum. It seemed to me that they had thought about how to explain these physical sensations and had probably told their stories several times before.

From previous experiences of doing fieldwork I knew that some people are simply better at telling stories than others. However, I was struck by the fact that some women seemed to know immediately what I meant when I asked them to tell me their birth stories, while others did not. This made me reconsider my own preconceived ideas about birth stories.

I realised that I had derived my notion of birth stories partially from the ideas circulating in the natural birth movement. Birth stories are popular amongst proponents of natural birth because of their woman centeredness, and some argue that sharing birth stories may 'offset the medical model of birthing as the ideal' (Savage 2001, 6). Within the Indonesian context, these ideas are actively circulated through the social media app Instagram. Using the hashtag '#gentlebirth', many Indonesian midwives, doulas, and childbirth activists post quotes by famous natural birth proponents like Ina May Gaskin and Michel Odent, and share photos or videos of women in labour, which are often accompanied by lengthy birth stories. It was therefore no coincidence that the women who had been exposed to the natural birth discourse shared my perception of the term 'birth story'.

I had also based my idea of birth stories on anthropological approaches to childbirth and qualitative health research. Many of the anthropologists that have inspired me base large parts of their research on birth story interviews, such as Robbie Davis-Floyd (2003) in her seminal work *Birth as an American Rite of Passage* and Cecilia van Hollen (2003) in her monograph on birth in South Asia *Birth on the Threshold*. Furthermore, many midwives, nurse practitioners, and childbirth educators doing qualitative research on childbirth swear by the method (Callister et al. 2003; VandeVusse 1999; Trulsson and Rådestad 2004; Carson et al. 2016; Lee and Lamp 2005). Taking a closer look at why these researchers assume that narrative birth story interviews work universally, I concluded that it is based on the ideas that (i) birth is an important personal event for everyone and that (ii) birth storytelling 'arises from an intuitive urge to share important events in our lives' (Kay et al. 2017, 2). But we might well question whether telling birth stories is indeed intuitive for all women; my experience certainly suggests that it might not be (see also Maffi 2012).

This does not mean, of course, that we should dismiss the birth story method completely. Rather, we might approach birth stories as narrative constructions that are always produced within particular contexts. In this case, the global natural birth discourse, mediated through social media platforms like Instagram, shapes how some women construct particular narratives about their births by providing them models of birth stories. Margaret Macdonald (2007, 55) has pointed out the links between the natural birth discourse and anthropology, and here we see further evidence of the symbiotic relationship between the two. This invites further critical reflection about our methods and analysis as anthropologists of childbirth.

About the author

Molly Fitzpatrick is a PhD candidate and lecturer at the University of Zürich. Her research examines how local and foreign actors perceive and practice childbirth within the field of midwifery-led maternal health care on the island of Bali, Indonesia.

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